

## PANDEMIC INFLUENZA COOP PLANNING SURVEY



### General Instructions:

Each planning element question is complimented with a *Status*, *Comments*, and *Supporting Documents* field.

- ***Status*** refers to state of planning or capability of the identified element. Is it ‘Completed,’ ‘In Progress,’ or ‘Not Initiated.’ Sometimes, the question will merit a ‘Yes,’ ‘No’ or ‘Partial’ answer.
- The purpose of the ***Comments*** section is two-fold. It offers an opportunity to explain in further detail the status of a particular planning element.
  - For all ‘Partial’ or ‘In Progress’ responses, to the extent possible, indicate in comments the approximate proportion/percent of the tasks that is complete; also, indicate whether the organization intends to accomplish this item for only a portion (percent) of the agency and whether or not this part includes Headquarters.
  - For all ‘No’ or ‘Not Initiated’ responses, indicate in the comments whether or not your organization intends to accomplish the item or whether the organization has not made a decision on this item. For example, if you respond ‘No’ to completion of a planning step and your agency does not intend to complete the step, say so in the comments.
  - The comments section should also be used to let ONSC know how we can help you with a particular planning element.
- ***Supporting Documents*** are the plans, annexes, SOPs, etc., that exist in support of the identified planning elements. Please indicate by checking the appropriate box to what extent a supporting document is available. If necessary, use the comments section to provide additional detail.

The final section of the survey includes several questions on current telework capability. The questions are attributed to a May 2006 Government Accountability Office Report, “Continuity of Operations: Agencies Could Improve Planning for Telework during Disruptions.” 23 agencies were surveyed by GAO for the Telework report, and while the questions are broader in focus, ONSC would like build upon the initial responses to help gauge the near-term feasibility of a telework approach in a pandemic scenario.

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<b>DEPARTMENT/AGENCY:</b>  <b>SURVEY POINT OF CONTACT (POC):</b>  <b>POC PHONE NUMBER:</b>  <b>POC EMAIL:</b>
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	Planning Element:	Status	Comments	Are supporting documents available?
<b>A. Plans and Procedures</b>				
1	Identified and designated a Pandemic Coordinator? If completed, please provide Coordinator name and contact information for individual(s).	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
2	Identified a Pandemic Response Team, to support the Pandemic Coordinator, including representatives of all relevant stakeholders (e.g. Management, Information Technology, Human Capital, etc.)?	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
3	Capable of sustaining operations for several months until normal business activity can be reconstituted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
4	Developed a Risk Communications Plan for communicating with stakeholders (internal and external)?	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
<b>B. Essential Functions</b>				
1	Plan includes definitions and identification of essential services and functions needed to sustain agency mission and operations for several months? <i>(For pandemic planning purposes, essential services and functions are likely to be broader than traditional COOP essential function.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial

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	Planning Element:	Status	Comments	Are supporting documents available?
2	Plan includes determination of which, if any, operational support functions can be suspended temporarily and for what duration before adversely impacting agency mission (e.g. 1 month, 2 months, 3 months)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
3	Plan includes an impact analysis of an influenza outbreak on all operations, using multiple scenarios, including: a.) Workforce reductions (up to 40 percent absenteeism for 1 month, 2 months, 3 months) b.) Limited access to facilities c.) Telework and social distancing policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
4	Identified positions, skills and personnel needed to continue essential services and functions? <i>(For pandemic planning purposes, essential personnel may include the majority of the respective workforce.)</i>	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
5	Identified and trained backup personnel to continue essential services and functions, including backup personnel in different geographic locations?	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
6	Established a roster of personnel and back-up personnel, by position, needed to continue essential services and functions?	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
7	What percentage of the agency's workforce is included in 'essential personnel' for pandemic purposes?	_____ %		
8	Identified the contractors, suppliers, shippers, resources and other businesses Agency interacts with on a daily basis?	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
9	Initiated pre-solicited, signed and standing agreements with contractors and other third parties to ensure fulfillment of mission requirements, including contingencies for backup suppliers should primary suppliers be unable to provide required service?	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial

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	Planning Element:	Status	Comments	Are supporting documents available?
<b>C. Delegations of Authority</b>				
1	Delegations of authority are at least three deep per responsibility and geographically dispersed to take into account the expected rate of absenteeism and the regional nature of an outbreak?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
<b>D. Orders of Succession</b>				
1	Orders of succession are at least three deep per position, take into account the possible regional impact of a pandemic and the expected rate of absenteeism?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
<b>E. Alternate Operating Facilities</b>				
1	Identified which essential services and functions can be continued from remote locations (e.g., home facilities or other alternative workplaces) and those that need to be performed at a designated department or agency operating facility? ( <i>A designated operating facility is an existing agency facility that may remain open during a pandemic with a reduced or skeletal staff in order to support the continuation of essential services and functions.</i> )	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
2	Identified designated operating facilities and alternative workplaces (e.g. telework centers, temporary leased space, space in other agencies) that will remain open during a pandemic to support the continuation of essential services and functions?	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
3	Plans ensure availability of necessary support staff at designated operating facilities and alternative workplaces?	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
4	Plan ensures that designated operating facilities and alternative workplaces have access to essential resources such as food, water, fuel, medical facilities, and municipal services?	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
5	Developed transportation plan to ensure adequate access to all designated operating facilities and alternative workplaces?	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial

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	Planning Element:	Status	Comments	Are supporting documents available?
<b>F. Communications</b>				
1	Assessed current telework capability (number of employees that can be telework enabled) in terms of equipment and telecommunications (laptops, pre-loaded software, broadband, fax machines, conference call capability, printers, network/remote access capability, help desk support, etc.)?	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
2	Assessed, for all operations, current telework capability in terms of accessibility to work-related documents and secure access?	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
3	Developed a plan to ensure telework capability and alternative workplace access for appropriate staff, including Emergency Relocation Group (ERG) members?	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
4	Completed a telework needs assessment to determine all equipment, support, telecommunications, network capacity, web enabled applications and other web capability and readiness, software, training, and other tools needed for effective teleworking for several months?	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
5	Provided telework training for managers, ERG members and other appropriate personnel?	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
6	Reviewed and revised for all operations, telework policies and procedures, incorporating latest OPM guidance, as appropriate, including security, infrastructure, user communications, and operations and maintenance?	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
7	Tested (live trial runs) telework capabilities and infrastructure capacity based on anticipated need during pandemic (please indicate frequency)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial

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	Planning Element:	Status	Comments	Are supporting documents available?
<b>G. Vital Records and Databases</b>				
1	Identified and developed plans for dealing with all vital records needed to sustain operations for several months that may be inaccessible from alternative workplaces?	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		
2	Established reliable access to and security for all systems, databases and files that will need to be accessed electronically from a remote location (e.g., an employee's home or alternative workplaces)?	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
3	Identified and ensured the integrity and continued usability of vital systems that require periodic maintenance or other direct physical intervention by employees?	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
<b>H. Human Capital</b>				
1	Does your agency have updated, current information on all employees and a well-publicized, accessible process for updating such information as it changes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
2	Identified agency POCs for employees to communicate with in case of emergency or absence?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
3	Examined and updated as needed, policies, practices and procedures for all workplace flexibilities including telework, alternate work schedules and evacuation pay, to ensure agency is able to meet its mission?	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
4	Incorporated OPM Human Capital for Pandemic Influenza ( <a href="http://www.opm.gov/pandemic">www.opm.gov/pandemic</a> ) in agency's pandemic workplace flexibility plan?	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial

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	Planning Element:	Status	Comments	Are supporting documents available?
5	Established policies and procedures in accordance with HHS and OPM guidance for handling employees in the workplace who become ill or are suspected of becoming ill with influenza (e.g. infection control response, immediate mandatory sick leave)?	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
6	Established policies for restricting travel to affected geographic areas, evacuating employees in or near affected areas, and monitoring employees returning from affected areas (refer to CDC travel recommendations)?	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
7	Established policies for previously ill employees who are no longer infectious and are able to return to work?	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
8	Developed plan to ensure appropriate health-related supplies (e.g., personal protective equipment (PPE), antiviral agents, cleansers, tissues, gloves and medical supplies) are available at designated operating facilities and alternative workplaces as a pandemic unfolds?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
9	Established linkages with HHS to enable access to vaccines and antiviral medications, if they become available, on a priority-determined basis?	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
10	Developed requirement for monitoring policies and procedures to provide health services personnel with authority to assess employees' physical health and fitness to attend work? <i>HHS and OPM guidance will be forthcoming.</i>	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
11	Developed a personnel tracking system to document employees unavailable to work and prepared to collect and compile information about the impact of a pandemic on agency's workforce?	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial

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	Planning Element:	Status	Comments	Are supporting documents available?
12	Prepared pre-scripted messages and Frequently Asked Questions (FAQ) for employees about pandemic influenza?	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
13	Based on public health guidance, developed, disseminated and posted materials to raise pandemic awareness and workplace related policies among agency personnel?	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
14	Developed an Intranet site dedicated to pandemic awareness and education, and update it regularly?	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
15	Developed procedures to maintain communications with absent employees during a pandemic?	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
16	Provided employees with contact lists of essential personnel specific to essential services and functions and administrative operations, including expanded delegations of authority?	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
<b>I. Test, Training and Exercise</b>				
1	Has your agency conducted a Senior Leadership Tabletop Exercises to examine impacts of pandemic on agency's ability carry out essential functions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
2	Has your agency developed and conducted functional exercises to familiarize agency personnel with their responsibilities in a simulated operational environment, as well as validate the effectiveness of pandemic planning assumptions, including telework and social distancing techniques?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
3	Has your agency developed and conducted a full scale pandemic exercise to familiarize agency personnel with their responsibilities and validate the effectiveness of pandemic planning?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial



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	Planning Element:	Status	Comments	Are supporting documents available?
<b>J. Devolution of Control and Direction</b>				
1	Plan takes into account how an organization will conduct essential services if pandemic influenza renders leadership and essential staff incapable or unavailable to execute those functions. (Full or partial devolution of essential functions and services may be necessary to ensure continuation.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
2	Developed detailed devolution guidance, including: <ul style="list-style-type: none"> <li>- Essential services and functions</li> <li>- Rotating operations geographically as applicable Supporting tasks</li> <li>- Points of Contacts</li> <li>- Resources and phone numbers</li> </ul>	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
<b>K. Reconstitution</b>				
1	Does your agency have processes to assess sufficiency of resources to commence reconstitution efforts?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
2	Does your agency have processes and procedures to assess funding capabilities to support recovery efforts?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
3	Does your agency have a casualty replacement system?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
4	Does your agency have a process for calling up former federal employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
5	Does your agency have survivor assistance programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial

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	Planning Element:	Status	Comments	Are supporting documents available?
<b>L. COOP and Telework – General Questions</b>				
1	Does your agency's COOP plan specifically address telework?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
2	Are any of the agency's ERG members expected to telework in a COOP event?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
3	Are staff informed of their responsibility to telework during a COOP event?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
4	Has your agency ensured that it has adequate technological capacity for staff to telework during a COOP event?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
5	Does your agency's telework plan require that staff work from a federal telework center?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
6	Does your agency's telework plan include the ability for staff to work from home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
7	Will your agency provide technological assistance to staff during a COOP event?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
8	Has the agency tested the ability of staff to telework during a COOP event?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial